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Country note**

Bhutan

Summary

The Executive Director presents the country note for Bhutan for a programme of cooperation for the period 2002 to 2006.

The situation of children and women

1. Bhutan has made great strides towards human development and in meeting the rights of children since it opened up to the modern world in 1961. From virtually no immunization coverage in the late 1970s, Bhutan has reached 88 per cent coverage by 1999. The under-five mortality rate dropped from 162 per 1,000 live births in 1977 to 107 in 1999. The maternal mortality ratio decreased from 773 per 100,000 live births in 1984 to 380 in 1994. The total goitre rate has decreased from 63 per cent in 1983 to 14 per cent in 1996 owing to the government commitment to universal salt iodization. From 1989 to 1999, the incidence of stunting among children dropped from 56 to 40 per cent, under weight from almost 38 per cent to less than 19 per cent, and wasting from 4 per cent to less than 3 per cent. Malnutrition is now more prevalent in the eastern and southern parts of the country. Access to safe water has reached 65 per cent, and sanitation coverage a high of 82 per cent. The gross enrolment ratio at primary school level is estimated at 72 per cent, with boys at 82 per cent and girls at 62 per cent. Average life expectancy in Bhutan increased from 46 years in 1977 to 66 years in 1994. Economic trends

* E/ICEF/2001/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2001.

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indicate growth averaging almost 6 per cent per annum between 1990 and 1998. In 1999, Bhutan spent 25 per cent of government expenditure on basic social services. Social studies indicate no legal or apparent social discrimination against women.

2. Bhutan's development framework is guided by the concept of Gross National Happiness, a holistic development vision that places people's happiness at the centre of all development efforts, and seeks to balance economic with human development, good governance, cultural preservation and environmental sustainability. This concept was expounded in the Bhutan 2020 Vision document published by the Planning Commission to guide future development plans, including the Ninth Five-Year Development Plan (July 2002 to June 2007). The first State Party report to the Committee on the Rights of the Child was submitted in April 1999, indicating that human rights in general are synchronous with Buddhist principles. The report will be reviewed in early 2001. The Government has established a Child Rights Task Force comprising officials from various ministries. The Convention on the Elimination of All Forms of Discrimination against Women was ratified in 1981, and the country report is being finalized.

3. In 1998, His Majesty the King devolved power to an elected Council of Ministers, signalling increased openness and democratization. An extensive process of local-level consultation ensures widespread public input into the national planning process.

4. Amidst this generally positive backdrop are challenges that still need to be met. The difficult terrain, the high population growth rate (3.1 per cent) and the rapid rural-urban migration, estimated at 7-10 per cent per year, pose major challenges to development. While the number of women in the political arena and other decision-making levels has increased in recent years, there is a need to further encourage more representation. Although enrolment is almost at gender parity, there are increased drop-out rates among girls at the higher levels of schooling. Data are available in averages, which do not show geographical, gender and age disparities. These distinctions are necessary to provide a sharper focus for programme interventions and to promote equity. There are growing concerns about disenchanted youth who have finished primary schooling, but cannot continue with their education nor get gainful employment. There is an increasing gap in access to information, widening the "digital" divide. Children's rights to survival, growth and development are still not fully realized. There is a lack of knowledge and services for the early childhood years. Little expertise exists in nutrition, and there is an emerging threat of HIV/AIDS. Development activities are being affected in certain areas of the country where internal harmony has been disrupted.

Lessons learned from past cooperation

5. Bhutan is at a crossroads of development after four decades of planned growth, moving from issues of survival and access to basic social services to include actions for enhancing the quality of life. Emphasis is shifting to ensuring the quality of social services and the wholesome development of the child (cognitive, emotional and spiritual) through opportunities for leisure, participation and appropriate vocational training after primary schooling. UNICEF advocacy for early childhood care and development (ECCD) has resulted in the government decision to place greater emphasis on the early years of the child. Priority areas include ensuring the

sustainability of achievements, decentralization, reaching the unreached groups (including children with special needs) and child rights. Until 1999, awareness of child rights was limited to some key government sectors. UNICEF has since spearheaded advocacy and discussion on issues of children's rights, with renewed momentum provided by the submission of the State Report on Child Rights. Such activities helped lay the basis for UNICEF to begin strategy discussions with the Government and other partners for the 2002-2006 country programme.

6. There is concern that the quality of education may have been sacrificed in the national push for universal primary education, which has also resulted in a large group of unemployed young people who cannot continue studying. Employment and vocational training have become government priorities. In areas of success, a 1999 evaluation of the non-formal education (NFE) programme shows that NFE learners — more than 70 per cent women — acquire and sustain literacy and numeracy skills. The programme is recognized as an important potential entry point for many important areas, such as ECCD and parenting skills, and new concerns, such as HIV/AIDS education. Demand for the NFE programme is increasing, and the 1999 mid-term review (MTR) acknowledged the need for continued UNICEF assistance to the programme.

7. The rural water supply and sanitation programme was refocused in 1998. The MTR recommended that UNICEF support services to institutions (schools and monastic facilities); place stronger emphasis on promoting behavioural change to reach sanitation and hygiene objectives; and further develop the model village programme, originally pioneered by Helvetas, a Swiss non-governmental organization, in the early 1980s. The Government of Denmark will increase its support to rural water supply to complement the refocusing of UNICEF assistance. A review of the model village programme shows some success in improving sanitation and reducing the incidence of water-borne diseases. Key challenges include expansion beyond the model villages into a wider scale community-based approach, and assurance of programme sustainability through continuous monitoring.

8. The MTR acknowledged that the assessment and analysis of data need to improve further to provide more accurate and updated social indicators of Bhutan's development. There is, however, limited technical capacity in the Government to guide social research. Increasing collaboration among United Nations agencies has demonstrated its potential for enhancing the impact of development interventions and building technical capacity in Government.

Proposed country programme strategy

9. Many of the previous country programme strategies remain valid, but need to be fine-tuned and translated into strategic actions from lessons learned. This will be achieved in close coordination with United Nations agencies through the United Nations Development Assistance Framework (UNDAF) and the current Common Country Assessment. The programme cycles of the United Nations Development Group of agencies are currently synchronized with the Government's five-year development plans. Although the development of the next UNICEF-assisted country programme strategy is slightly ahead of the Government's Ninth Five-Year Plan,

country programme strategies are expected to be consistent with national strategies and UNDAF priorities.

10. The goal of the country programme is to work towards the progressive realization of rights for all children using the principles of the Convention on the Rights of the Child and including non-discrimination, indivisibility (all rights are equal), participation and promotion of greater accountability on the part of the stakeholders. The objectives of the country programme are to support the Government and other partners to: (a) improve the quality of education; (b) increase access to education, with a focus on disparity reduction; (c) address the gaps in child development for children under 18 years of age; and (d) respond to government priorities for youth. The key results expected are: (a) durable mechanisms towards promoting ECCD at household and community levels, and institutional mechanisms to take this to scale; (b) good quality education for all children translated into critical learning of life skills and problem-solving; and (c) contribution towards a happy, healthy and productive youth.

11. Programme strategies will combine a mix of advocacy, support to policy development, capacity-building, community-based approaches and limited service delivery. The strategies are aimed at addressing the needs of children using the life cycle approach. Community-based approaches will be continued as part of a broader strategy to lessen disparities and promote inclusion, and to build on comparative strengths at decentralized levels. Strategies for gender equality will address the gaps identified by the 2001 joint United Nations gender study. Capacity-building will be continued at district and community levels, targeting village health workers, non-formal and formal multigrade education teachers, water committee caretakers and religious practitioners. Training for stakeholders will include new areas such as HIV/AIDS education messages, ECCD and child rights. Limited support to basic services delivery will continue in various sectors, focusing on the remote and marginalized populations.

12. **ECCD and community development**. The ECCD component aims to support policy development in early childhood care (ECC). The programme will provide technical support to analyse the situation and define priority areas for promoting ECC and build the capacity of stakeholders. ECCD will be incorporated in Integrated Management of Childhood Illness interventions, in collaboration with the Ministry of Health and the World Health Organization (WHO). The community development component seeks to expand the model village experience into a more general community-based approach to strengthen public health care activities and introduce ECCD. There will be three components: institutional water supply support; environmental sanitation; and child-based village development. The goal of the water and environmental sanitation component is to improve personal hygiene and environmental sanitation as a step towards achieving the health goals. There will be an emphasis on behavioural change by integrating software (hygiene practices/awareness) with limited hardware support. Programme interventions are aimed at schools and religious institutions where more than one sixth of the population is enrolled. Linkages with the United Nations Development Programme (UNDP) and the World Food Programme (WFP), and the decentralization and community participation of activities will be explored.

13. **Health and nutrition**. The main aim of this programme is to support the Government to reduce infant, under-five and maternal morbidity and mortality, and

malnutrition. With the support of the United Nations Population Fund and WHO, there will be a continued focus on the reproductive years of the woman. The programme will help to build and sustain accountability in health facilities, and measure the progress achieved. Intersectoral interventions will include advocacy through the media and religious bodies on matters related to safe motherhood, the avoidance of early pregnancies, the danger of HIV/AIDS and sexually transmitted diseases. Child survival interventions will target the major causes of child deaths and disease, such as acute respiratory infections, and ensure the continuous supply of basic essential drugs. Immunization interventions will focus on reaching the unreached through outreach campaigns, programme communication, upgrading of health workers' skills, enhanced community follow-up, surveillance and documentation. The programme will continue to assist in resource mobilization to support the provision of vaccines and cold-chain supplies in coordination with the Government's Health Trust Fund. The nutrition component will strengthen policy development through manpower support and activities to reduce protein-energy malnutrition, low birth weight, nutritional anaemia and micronutrient deficiencies.

14. **Basic education**. This programme will contribute to improving the quality of education. The World Bank will invest in the infrastructure and Swiss Development Cooperation/Helvetas will provide technical assistance related to improving education and learning processes for upper primary classes. WFP will provide food assistance to schools. The programme can derive an advantage from UNICEF global information and regional experiences as the only other major international cooperating partner in primary education. A primary task is to influence education policies and assess what children are learning in schools and what improvements are required. The programme will aim to: (a) improve teacher training; (b) provide an enabling environment that is gender-neutral, creative and child-friendly, especially for children with disabilities; and (c) strengthen child-centred learning. Inclusion strategies will use community schools and NFE as the means for girls to regain literacy skills and for adolescents (an expressed government priority) to learn child care and life skills. The programme will collaborate with partners, including the Government of Denmark and UNDP, which are involved with employment strategies.

15. **Policy development, communication and participation**. At the national level, this programme will focus on supporting the development of policies to inform the framework for actions by the Government and other partners. Disaggregated data will be used to improve advocacy, social mobilization and communication to steer the programme in a more rights-based direction and to refine targeting of the disadvantaged and excluded. Focus areas are ECCD, nutrition, improvement of child-centred learning and adolescence (youth participation). Efforts will be made to build the capacity of families, communities and children to encourage behaviour change, and provide support for interacting with the media and other stakeholders, including potential cooperation with the UNDP governance programme. As recommended by the MTR, communications strategies will also create stronger links among programme sectors and activities, particularly in health, child rights, ECCD and adolescence. Multisectoral teams will be formed within the programme office to address cross-cutting components.

16. **Cross-sectoral costs** will enable the programme to sharpen its capacity to monitor and respond to crises brought about by either natural, socio-economic or political causes. There will be a particular focus on ensuring that children's and

women's rights are protected in crisis situations. An integrated monitoring and evaluation plan will be developed. Discussions are under way to develop a joint programme of support, together with other United Nations partners, as part of UNDAF, with a long-term capacity-building objective in this area. UNICEF will cooperate with other partners and the Government in developing a comprehensive database on development goals.

Estimated programme budget

Estimated programme cooperation, 2002-2006*

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Early childhood care and development and community development	1 041.25	2 250.00	3 291.25
Health and nutrition	1 041.25	2 250.00	3 291.25
Basic education	1 249.50	3 500.00	4 749.50
Policy development, communication and participation	833.00	2 000.00	2 833.00
Cross-sectoral costs	225.00	-	225.00
Total	**4 390.00**	**10 000.00**	**14 390.00**

* These are indicative figures only which are subject to change once aggregate financial data are finalized.

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Country note**

Nepal

Summary

The Executive Director presents the country note for Nepal for a programme of cooperation for the period 2002 to 2006.

The situation of children and women

1. Nepal has a population of 22.4 million, 44 per cent of whom are under the age of 15 years, and it is growing at a rate of 2.4 per cent per year. About one half of the population reside in the *terai* (plains) bordering on India, with the remainder living in scattered settlements in the hills and mountains. With a gross national product of $220 per capita and 45 per cent of the population living below the poverty line, Nepal is classified as one of the world's least developed and poorest countries. It is subject to frequent natural disasters (floods and landslides).

2. Since the restoration of democracy in 1990, successive Governments have struggled to implement administrative and institutional reforms to improve governance. Political instability and an overly centralized administration have hampered national efforts to reduce poverty. Recently, however, the passage of the Local Self-governance Act in 1999 represents an opportunity to bring accountable governance closer to the people and to enhance popular participation in development.

* E/ICEF/2001/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2001.

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3. The infant and under-five mortality rates have declined from 123 and 138 per 1,000 live births, respectively, in 1990, to 75 and 104 in 1999. The nutritional status of children aged 6 to 36 months has improved little; the proportion of young children suffering from stunting has decreased from 65 per cent in 1975 to only 51 per cent in 1998, indicative of their continued poor growth and development. Micronutrient deficiencies, particularly of iron, vitamin A and iodine, are highly prevalent. Deaths of children under five years old are due mainly to diarrhoea, acute respiratory infections and perinatal causes, with malnutrition contributing to 55 per cent of all deaths. The underlying determinant is the inadequate care of children at the family level.

4. Since achieving universal child immunization in 1990, coverage at first fell drastically, then steadily increased; and in 1998, an estimated 65 per cent of infants were fully immunized. The goal of polio eradication is pursued vigorously with National Immunization Day coverage reaching 94 per cent. Some 85 per cent of children under five years old in 69 of Nepal's 75 districts received vitamin A supplements.

5. The number of children in primary schools has increased from 0.5 million in 1975 to 3.5 million in 1997, when the net enrolment ratio stood at 70 per cent. Girls make up 40 per cent of all children in school. Drop-out and repetition rates are high. Only 40 per cent of children are expected to complete primary school. This is due to the generally poor quality of teaching, teacher absenteeism, poor physical school environments and hidden costs to poor parents despite the policy of free education. Enrolment declines further in secondary education.

6. An estimated 2.6 million children 5-14 years old (42 per cent) are in the labour force. In some districts, this includes children of families in debt bondage. Around 5,000 to 7,000 girls 10-20 years old are trafficked each year to India for commercial sex work, and in Nepal, approximately one fifth of all commercial sex workers are between 12-15 years old. By 18 years of age, 60 per cent of girls are married, and 40 per cent of them are either mothers or pregnant. A recent survey found that adolescents account for 15 per cent of all cases of HIV/AIDS and that 40 per cent of married adolescent girls have never heard of HIV/AIDS. Literacy rates for women (23 per cent) are considerably lower than for men (57 per cent). The maternal mortality ratio is high at about 540 per 100,000 live births, with only 8 per cent of deliveries taking place in health institutions. Life expectancy for women (53.5 years) is lower than for men (55 years). An underlying factor in all these problems is ingrained gender discrimination resulting from patterns of denial and gender-biased socialization that begin in early childhood. Women have extremely limited decision-making power, virtually no inheritance rights and lesser rights by law in marriage than men.

7. Problems for children and women are greater in the midwestern and far western regions and in the mountains, where poverty is most acute, services least accessible and gender discrimination most manifest. Those regions are also the epicentre of an armed insurrection, which has exacerbated poverty and hampered the delivery of basic social services.

Lessons learned from past cooperation

8. The programme's experience of pursuing development goals through national sectoral action has yielded some positive results. These are seen particularly in promising immunization levels and very high coverage of vitamin A supplementation, which have contributed significantly to declining child mortality. These successes are due largely to mobilization efforts by local government, volunteer health workers and local non-governmental and community-based organizations (NGOs and CBOs). Innovative UNICEF experiences with teacher training, decentralized educational planning and pre-schools in the 1992-97 Basic and Primary Education Programme (BPEP) have been incorporated as national policy in the new BPEP 2 (1999-2004), a sector-wide approach (SWAP) with financial support from the World Bank; the Governments of Denmark, Finland and Norway; the European Union; and UNICEF. Technologies used today in rural water supply were pioneered through UNICEF cooperation, and the programme has successfully raised the profile of nutrition, sanitation and child protection in national policy. It has contributed to improved awareness and monitoring of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, as well as an enhanced understanding of the interrelation between children's rights and development.

9. However, sustainability and inclusion of the poorest remain issues. There has been a comparative lack of progress in dealing with more complex problems such as malnutrition, hygiene and improved psychosocial development of young children, which depend less on improving vertical service delivery than on care practices at family and community levels. Analysis of shortfalls in coverage and in participation in community processes has revealed ingrained patterns of discrimination and exclusion of women and girls, disadvantaged castes, ethnic groups and remote populations that cannot be addressed through national action alone.

10. During the current programme, the strategy of decentralized planning and action across all sectors has demonstrated results, in particular considerable reductions in malnutrition in many communities. This strategy was a combination of support for capacity-building of local government counterparts and communities, in conjunction with sector support converging at district and community levels. The strategy also pioneered support for the preparation of medium-term district periodic plans, which are an essential step in the devolution of financial authority envisaged in the Local Self-governance Act.

11. The 1999 mid-term review concluded that the comparative advantage of UNICEF now lay in furthering the strategy of decentralization, in combination with influencing national policies, towards demonstrating its sustainability and results in other areas of child development and gender equity. By building local government capacity and making it more accountable, this strategy is consistent with a rights-based approach. Both the Government and donors see this as a vital contribution that UNICEF can make in the current development context of Nepal in partnership with other United Nations agencies.

Proposed country programme strategy

12. The goal of the proposed country programme is the progressive realization of children's and women's rights. It operates within the framework of the Ninth National Development Plan (1997-2002), whose goal is to reduce poverty by 50 per cent by 2015, and its continuation in the Tenth Plan (2002-2007); and of the New Global Agenda for Children. The development of the programme strategy began with the preparation of the Common Country Assessment and the United Nations Development Assistance Framework (UNDAF), which was developed in collaboration with the Government and other development partners and through decentralized consultations with the people of Nepal. Thus, the country programme strategy follows the rights-based approach of UNDAF in reducing discrimination, enhancing meaningful participation, and developing the accountability of the State and other duty-bearers to respect, protect and fulfil the rights of children.

13. Based on lessons learned in the current programme, and the strategies and partnerships developed in the UNDAF, the strategy of the next country programme will be to support decentralized action for children and women. It will be linked to sector support to influence policies and actions at national and decentralized levels in order to take them to scale. This is consistent with the Government's approach to poverty reduction, which emphasizes popular participation and empowered decentralized local governance. It is being operationalized in 60 districts, with support from the United Nations Development Programme (UNDP), to strengthen local governance and enhance economic opportunities for families and communities. UNICEF cooperation in the social sectors is a vital contribution to this approach.

14. Through **decentralized action for children and women**, local government at district, municipality and village levels will be strengthened to undertake convergent planning and the provision of basic social services for children and women. This will be achieved in concert with the local line agencies of central ministries, NGOs and CBOs, and will include expanded assistance for the development of district periodic plans. Local government agents at the village level, along with local NGOs, will also work with organized community groups of both men and women to build their capacity to assess the situation of children and women, analyse the causes, and plan appropriate action using their own and external resources. These community processes are important to ensure that children's and women's problems are perceived not only by external agencies, but internalized by the people themselves, who are also involved in planning the solutions. This, in turn, will make them more sustainable. Special care will be taken to ensure the participation of the most vulnerable and disadvantaged in these processes.

15. Facilitation of community processes will focus on improving home-based care for young children to improve feeding practices, hygiene, health-seeking behaviour and psychosocial stimulation, with an emphasis on the equal treatment of boys and girls. It will also address such areas as women's workload, and their access to essential health care in pregnancy and at childbirth. It will attempt to enhance their powers of decision-making in general. Service delivery strategies will be based around the Integrated Management of Childhood Illness initiative; improving the quality and child-friendliness of local community-based child development centres and schools, with a special emphasis on girls; providing out-of-school youth with learning opportunities to prevent child labour and teach them life skills, including

knowledge, attitudes and behaviours to prevent HIV/AIDS; and essential care for women during pregnancy and childbirth, including emergency obstetric care.

16. This strategy will cover approximately 20 selected districts across Nepal's five development regions and three ecological zones. These will include districts under insurgency, to mitigate its effects on the delivery of basic social services to children and women in need, and will focus especially on districts in the midwestern and far western regions. Community processes will initially cover a limited intra-district area and gradually expand on the basis of experience gained. Some service delivery aspects will be district-wide from the outset. In particular areas related to vulnerability and special protection, limited support will also be provided to some other districts where child trafficking and debt bondage are prevalent. This will be achieved through support to local NGO solidarity networks, community vigilance groups and improved law enforcement by the Nepal police. This strategy is complementary to and will be implemented in partnership with UNDP and the Netherlands Development Organisation, which are supporting the strengthening of local governance and enhanced economic opportunities for families and communities. In some food deficit districts, UNICEF will also collaborate with the World Food Programme to facilitate improved maternal and young child nutrition.

17. **National sector support** will cover four important areas. First, it will assist central government ministries working in the areas of health, education, water supply and environmental sanitation, child protection and gender to provide technical assistance and human resources development in support of decentralized action. Second, it will assist the development of appropriate sector policies within the growing regime of SWAPs and the Poverty Reduction Strategy Paper, feeding into this process operational experience gained through decentralized action. In addition to its continuing role in supporting BPEP 2, UNICEF will collaborate with the World Bank, the World Health Organization, and the Governments of Germany, the United Kingdom and the United States to assist the Government to operationalize the second long-term health plan through the introduction of an essential health-care package.

18. Third, it will cover continued UNICEF support to nationwide programmes on immunization, vitamin A supplementation with deworming, and salt iodization, working towards universal coverage, the eradication of polio and the elimination of maternal and neonatal tetanus. Special efforts will be made to revitalize routine immunization, improve injection safety and introduce underused vaccines through the Global Alliance on Vaccines and Immunization. Fourth, communication and advocacy will focus especially on improving the position of women and girls, enhancing the policy profile of integrated early childhood development, children in need of special protection and halting the spread of HIV/AIDS.

19. Results from this strategy of linking decentralized actions with sector support at the national level will be monitored in focus districts in areas such as the reduction of malnutrition; child health; quality basic education, particularly girls' education; reductions in child labour and trafficking; and reduced gender discrimination. These will feed into influencing the policies of the Government and actions by other partners to take them to a larger scale.

20. In support of the country programme strategy, **cross-sectoral costs** will cover: (a) planning, monitoring, evaluation and research, with a special focus on gearing up to new challenges, such as women and children affected by armed conflict and

disaster preparedness, within overall United Nations planning for these areas; (b) human resources development of both counterparts and UNICEF staff; and (c) resource mobilization to ensure adequate funding of programme activities and the strengthening of partnerships.

Estimated programme budget

Estimated programme cooperation, 2002-2006[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Decentralized action for children and women	9 606	22 394	32 000
National sector support	6 500	22 500	29 000
Cross-sectoral costs	5 500	3 500	9 000
Total	**21 606**	**48 394**	**70 000**

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.